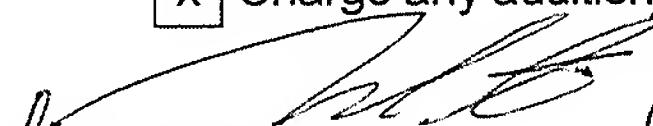


MS AF  
REPLY UNDER 37 C.F.R. § 1.116  
EXPEDITED PROCEDURE  
EXAMINING GROUP

<b>AMENDMENT TRANSMITTAL LETTER</b>				Docket No. 0425-1082P																																												
Application No. 10/678,088-Conf. #4496	Filing Date October 6, 2003	Examiner B. J. Gooden		Art Unit 3616																																												
Applicant(s): Masayuki NAKAYASU et al.																																																
Invention: INFLATOR																																																
<p><b>MS AF</b>  <b>Commissioner for Patents</b>  <b>P.O. Box 1450</b>  <b>Alexandria, VA 22313-1450</b></p>																																																
<p>Transmitted herewith is an amendment in the above-identified application.</p>																																																
<p>The fee has been calculated and is transmitted as shown below.</p>																																																
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="6" style="text-align: center; padding: 2px;">CLAIMS AS AMENDED</th> </tr> <tr> <th style="width: 15%;"></th> <th style="width: 15%; text-align: center;">Claims Remaining After Amendment</th> <th style="width: 15%; text-align: center;">Highest Number Previously Paid</th> <th style="width: 15%; text-align: center;">Number Extra Claims Present</th> <th style="width: 15%; text-align: center;">Rate</th> <th style="width: 15%;"></th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td style="text-align: center;">22</td> <td style="text-align: center;">- 23 =</td> <td style="text-align: center;">0</td> <td style="text-align: center;">x 50.00</td> <td style="text-align: center;">0.00</td> </tr> <tr> <td>Independent Claims</td> <td style="text-align: center;">4</td> <td style="text-align: center;">- 4 =</td> <td style="text-align: center;">0</td> <td style="text-align: center;">x 200.00</td> <td style="text-align: center;">0.00</td> </tr> <tr> <td colspan="6" style="border-top: none; border-bottom: none;">Multiple Dependent Claims (check if applicable) <input type="checkbox"/></td> </tr> <tr> <td colspan="6" style="border-top: none; border-bottom: none;">Other fee (please specify):</td> </tr> <tr> <td colspan="6" style="border-top: none; border-bottom: 2px solid black; border-right: none;">TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</td> <td style="border-top: none; border-bottom: 2px solid black; border-left: none; text-align: center;">0.00</td> </tr> </tbody> </table>						CLAIMS AS AMENDED							Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate		Total Claims	22	- 23 =	0	x 50.00	0.00	Independent Claims	4	- 4 =	0	x 200.00	0.00	Multiple Dependent Claims (check if applicable) <input type="checkbox"/>						Other fee (please specify):						TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:						0.00
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TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:						0.00																																										
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity																																																
<input checked="" type="checkbox"/> No additional fee is required for this amendment.																																																
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.																																																
<input type="checkbox"/> A check in the amount of \$ _____ is enclosed.																																																
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.																																																
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>02-2448</u> as described below. A duplicate copy of this sheet is enclosed.																																																
<input type="checkbox"/> Credit any overpayment.																																																
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.																																																
 Terrell C. Birch Attorney Reg. No.: 19,382																																																
Dated: <u>May 14, 2007</u>																																																
BIRCH, STEWART, KOLASCH & BIRCH, LLP 8110 Gatehouse Road Suite 100 East P.O. Box 747 Falls Church, Virginia 22040-0747 (703) 205-8000																																																